THE SCHOOL BOARD OF HARDEE COUNTY

P.O. Box 1678

Wauchula, Florida 33873

ADMINISTRATIVE OFFICES 1009 NORTH 6TH AVENUE WAUCHULA, FLORIDA 33873 BOARD MEMBERS Mildred Smith Paul Samuels Janice Platt Teresa Crawford Thomas Trevino

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MEDICATION / TREATMENT AUTHORIZATION FORM

For Administration during School Hours -

Dear Parent/Legal Guardian:

If your child needs to have medications/treatments given during the school day, state regulations and school board policy require that you and your healthcare provider/doctor provide written permission for school staff to administer prescription and over-the-counter medications or treatments. See form on reverse.

Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug).

Prescribed medications must arrive in a container with the original, unaltered prescription label attached. The label **must display** all legal information required for a pharmacist to dispense a prescription medication such as: the date the medicine was issued and date it expires, patient's name, medication name, dosage instructions, and the prescriber's (doctor's) name. The label information must match the physician's order.

<u>Over-the-counter medications</u> must arrive in the original, unopened store-issued container. Please label the container with your child's full name and birth date. A physician's order **must** accompany the medication even if it is purchased over the counter.

The Medication / Treatment Authorization Form on the reverse side of this document must be completed and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. **Both a parent/legal guardian and the prescriber (doctor) must sign the form**. <u>Staff will not administer medications to your child without this written consent.</u>

The parent, legal guardian, or other authorized adult must hand carry medications to the school health room. The health room aide upon request will verify the quantity of each medication. <u>Do not send medications to</u> <u>school with your child.</u> A PARENT OR LEGAL GUARDIAN MUST PICK UP MEDICATION AT THE END OF THE SCHOOL YEAR OR IF THE MEDICATION IS DISCONTINUED OR CHANGED DURING THE SCHOOL YEAR.

MEDICATION NOT PICKED UP WILL BE DISCARDED

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MEDICATION/TREATMENT AUTHORIZATION FORM

Student's Name		Sex	Date of Birth	Grade		
The following se	ection is to be comple	ted by the r	parent or legal g	vuardian:		
I hereby grant permission to the my child while in school and aw 1006.062). It is my responsibilit the law provides that there sha	e school staff to admi vay from school while i ty to notify the schoo	nister prescr participating ol if and whe	ibed medication g in official scho en these orders	n and/or treatment to ol activities (F.S. change. I understand		
medication and/or treatment w	•	-		ind/or treatment acts as		
a reasonably prudent person ur	nder the same or simi	ar circumsta	ances.			
Parent/Guardian name		Relationship				
Home Phone #	Work #		Emergenc	y #		
Address						
Signature	Date					
List child's allergies						
	ection is to be comp	leted by th	e prescribing	ohysician:		
The student named in this docu I have prescribed the following aware that trained non-medica This order is to be effective for	medication/treatmen I staff may administer	t, which is n this physicia	ecessary to be g an prescribed se	given at school. I am		
Diagnosis (for this medication/t						
Treatment:	* -					
Name of medication:		Dose:				
Instructions: Route: Oral Topica Time medication is given at hor	l Subcutaneous ne: (if applicable)	I.M.	Inhaled	Other		
Possible side effects:	· · · · · · · · · · · · · · · · · · ·					
Is student authorized to carry a	nd use asthma inhala	tion medicat	ion or EpiPen?	Yes No		
Has student been instructed in	the use of asthma inh	aler or EpiPe	en?	Yes No		
Other information:						
Physician Signature:		Date:				
Physician Name:						
Physician Address:		Phone:	Fa	x:		
Medication order reviewed by s	school R.N.:		Date:			
Aedication stopped by Parent/Guardian: Date: Parent/Guardian Signature:						